

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

097956257

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		2		2		
4		1		1		
5		1		1		
6		1		1		
7		4		2		
8		4		2		
9	1		1			
10	1		1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
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27		1		1		
28		1		1		
29		1		1		
30		1		1		
31		1		1		
32	1		1			
33		1		1		
34		2		2		
35		0		1		
36		0		1		
37		0		1		
38		0		1		
39		0		1		
40		0		1		
41		0		1		
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	9		9			
TOTAL DEP.	40		36			
TOTAL CLAIMS	49		45			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADAMENDMENTS

BEST AVAILABLE COPY